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ABSTRACT

This paper describes Project TRAIN (Training Rural Area Interventionists to meet Needs), a federally-funded competency-based program that provides graduate-level preservice training for early intervention professionals interested in working with special-need infants, toddlers, and their families. In the third year of the program 19 trainees have participated in Project TRAIN on a part-time basis. Trainees were recruited from early childhood special education teachers and service providers from a variety of human service disciplines. The competencies training focuses on roles and skills needed by early interventionists who work in rural areas. These roles include: (1) direct service provider for infants, toddlers, and families; (2) transdisciplinary team member; (3) community networker; (4) facilitator of personnel and program development; and (5) director of own professional development. The 50 competencies are listed within the context of these roles. The graduate training program includes both existing and new coursework, two graduate practica and two graduate level seminars. The Supervisory Instrument of Gains and Needs to Assess Learners (SIGNAL) was designed to assess the level of competency achieved by early intervention personnel. The limitations of the program include difficulty in recruitment and inadequate staff time required to implement the program in addition to other university responsibilities. The benefits include the realization of a field-validated graduate training program that will be integrated into the university curriculum. (LP)

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Project TRAIN: A Competency Based Training Program for Birth to Three Professionals Who Work in Rural Areas

Introduction

Project TRAIN (Training Rural Area Interventionists to meet Needs) is a federally funded, personnel preparation grant that is housed in the Early Childhood: Exceptional Educational Needs (EC:EEN) training program in the Department of Special Education at the University of Wisconsin-Whitewater. The grant, which was funded under the rural competition, provides preservice training at the graduate level for early intervention professionals interested in working in rural areas with infants and toddlers who have special needs and with the families of these children. This article will include a discussion of Project TRAIN in terms of its rationale, description of the project, purpose, and expected outcomes. The Project TRAIN competencies and an innovative definition of an early interventionist who works with the birth to three population will be presented within the context of the roles and skills needed to provide quality intervention. Additionally, the competency based training program will be discussed in terms of the coursework and field experiences. Finally, SIGNAL (Supervisory Instrument of Gains and Needs to Assess Learners), which is a performance evaluation instrument for guiding professional development, will be described.

Project TRAIN

Rationale. Due to the unique character of rural areas, there are many problems and considerations associated with the delivery of services to children who have special needs and to their families. These include geographic barriers, climate limitations, distances between service providers and the clients, cultural differences, resistance to change, preference to rely on kinship rather than outsiders, transportation and funding inadequacies, and recruitment and retention of qualified personnel (Helge, 1983, 1984c; Mallory & Berkeley, 1987; Marrs, 1984). The need to find and retain personnel trained to effectively deal with the problems and special considerations identified in rural areas is highlighted in the literature as a primary concern (Helge, 1983, 1984c; Mallory & Berkeley, 1987; Marrs, 1984; Moriarity, 1981). Helge (1984c) and Mallory and Berkeley (1987) noted that the scarcity of support personnel and limited resources, frequently found in rural areas, require that special educators be prepared to function in a variety of roles.

In studies conducted by the National Rural Project, early intervention has been identified as an area of critical need in rural teacher preparation (Marrs, 1984). The problems and special considerations discussed previously in rural special education are present and at times exacerbated in the field of early intervention which typically includes children with low incidence handicaps (Helge, 1984c; Mills, Vadasy & Fewell, 1987; Widerstrom, Dornyslawski & McNulty, 1986). Helge (1983) also notes that specialized personnel such as speech and language clinicians, occupational and physical therapists commonly turn over at a 30 to 50 percent rate in rural communities. These professionals are traditionally viewed as key personnel in early childhood special education programs.

The passage of Public Law 99-457 in 1986, as an amendment to the Education for All Handicapped Children Act of 1975, represents a growing national concern for the welfare of young children with special needs, especially those from birth to three years of age, and for their families. Since early childhood special education preservice training programs, however, have traditionally focused on the 3 to 5 year old child (Bailey, Farel, O'Donnell, Simeonsson & Miller, 1986; Mallory, 1983; Siders, Riall, Campbell & Crow, 1987), there is an identified need for personnel trained to work with infants and toddlers (Bailey et al., 1986; Beckman & Burke, 1984; Siders, Riall, Bennett & Judd, 1987). Additionally, it has been established in the literature that there is a separate body of knowledge relating to infants and toddlers with special needs (Hanson, Hanline & Petersen, 1987; McCollum, 1987; Siders, Riall, Campbell & Crow, 1987).

Description, Purpose and Expected Outcomes. The purpose of Project TRAIN has been to establish and to provide preservice training at the graduate level to early intervention professionals interested in working in rural areas with infants and toddlers who have special needs and with the families of these children. Project TRAIN specifically addresses the shortages described above for personnel who are trained to function in a variety of positions in rural areas (Helge, 1983, 1984c; Mallory & Berkeley, 1987; Marrs, 1984; Moriarity, 1981) and who are prepared to provide direct service to infants and toddlers with special needs (Bailey, et al., 1986; Beckman & Burke, 1984; Siders, Riall, Bennett & Judd, 1987). The Project TRAIN competencies, which are the core of the training program, outline the roles and skills needed by early interventionists who work in rural areas.

The targeted populations for recruitment and training include early childhood special education teachers, who have experience in providing intervention with infants, toddlers and/or preschool children, and service providers from a variety of disciplines (e.g., occupational or physical therapy, speech and language pathology, nursing, etc.) who are interested in early intervention. In the third year of the grant 19 trainees have participated in Project TRAIN, all on a part-time basis.

The staff of Project TRAIN have maintained consistent involvement with the field through contact with direct service programs, families, administrators, state agencies, professional organizations, and Part H birth to three task forces. There is direct involvement with 22 birth to three programs, approximately 15 of which are in rural settings, that are available for fieldwork and practica experiences. The project staff have visited 18 of these programs within a 70 mile radius of the university, and conducted two annual orientation workshops with direct service personnel to familiarize them with the goals and objectives of the project and to solicit feedback and recommendations related to the developing training program. In addition to strengthening professional ties and the training program, these visits and workshops were effective recruitment tools.

Other expertise from the field have been accessed in the process of developing and implementing this project. Two consultants, who have directed rural birth to 3 programs, worked with the university EC:EEN faculty in conceptualizing and writing the original proposal. Additionally, these consultants have participated in recruiting trainees, teaching coursework, supervising trainees in their practica, and developing the competencies and SIGNAL. The Project TRAIN Advisory Council has also provided valuable support in the implementation of the grant. The members include parents, university faculty from the Department of Social Work, interdisciplinary direct service providers and administrators from birth to 3 programs, an EC:EEN teacher educator from the University of Wisconsin-Milwaukee, and both the state Part H coordinator and the state supervisor for EC:EEN. This strong connection to the field has greatly enhanced the project.

The goals of Project TRAIN are defined in three primary emphases:

(a) To provide graduate level training to professionals interested in working in rural areas with the birth to 3 population, who have special needs, and with their families. The emphasis of the training will be to enable the trainees to effectively function in education, social services, and health agencies;

(b) To evaluate the impact of the training program by following up the graduates who completed the training sequence; and,

(c) To provide financial assistance to enable students to participate in the training program.

The objectives for Project TRAIN were developed to facilitate the accomplishment of the project goals and to specify project activities. When the objectives and activities of the grant are completed the following benefits will be derived:

1. Development of a preservice training program that will address the need for early interventionists to provide service in rural areas;
2. Offer a preservice training program that will result in better service being provided to the birth to 3 population and their families;
3. Offer a preservice training program that will better prepare staff to adapt in rural settings and therefore reduce personnel turnover rates;

4. Offer a preservice training program that prepares trainees to provide staff development to fellow co-workers who may not have formal training or need to update their professional skills;
5. Offer a preservice training program that prepares trainees to facilitate comprehensive services in rural areas by establishing efficient networks and liaisons;
6. Provide an update to direct service providers on best practices in supervision and service delivery through the field site personnel orientation workshops; and,
7. Provide a model preservice training program for early interventionists in rural areas for replication.

Roles and Competencies

The Project TRAIN competencies were initially developed for the grant and were based upon the professional experience of the project director and coordinator, input from field consultants, and an extensive review of the literature in the following areas: (a) the distinct needs associated with providing services in rural areas (Helge, 1984b, 1984c; Hofmeister, 1984; Marrs, 1984); (b) the skills and abilities required of early interventionists who work with the birth to three population (Beckman & Burke, 1984; Brooks-Gunn & Lewis, 1983; Department of Public Instruction, 1987a; Evans, 1981; Geike, Gilkerson & Bergen-Sponseller, 1982; Hanson et al., 1987; Mallory, 1983; Mather & Weinstein, 1988; McCollum, 1982, 1987; Meisels, Jones & Steifel, 1983; Morris-ZEPP, 1987); and (c) the needs associated in training early interventionists to work in rural areas (Helge, 1984a; Mallory & Berkeley, 1987; Mills et al., 1987). In the first two years of the grant a two-part competency validation study was conducted with the assistance of direct service personnel, early childhood program support teachers, administrators, state-level personnel, university faculty, and parents. The competencies have been revised and strengthened due to this input. They provide the framework of the preservice training program, a vehicle for evaluating personnel performance (i.e., preservice and inservice) in early intervention programs, and a basis for determining professional development plans. It is hoped that the competencies also can serve as guidelines in evaluating services for the birth to three population.

The content of the training program specifically addresses the knowledge base and skills needed by early interventionists to function effectively. The roles that these professionals must fulfill are varied and diverse in relation to geographical location. These roles include: (a) direct service provider with infants, toddlers and families; (b) transdisciplinary team member and facilitator in early intervention; (c) community networker in early intervention; (d) facilitator of personnel and program development in early intervention and, (e) director of own professional development. The 50 competencies developed in Project TRAIN are listed within the context of these roles (see Figure 1).

The Training Program

The graduate training program includes both existing and new coursework (see Figure 2), fieldwork, and two graduate practica. Since the coursework in the established early childhood special education teacher preparation program covered many of the Project TRAIN competencies, only coursework that addressed the specializations had to be developed. The courses entitled "Implementing Intervention for Infants and Toddlers with Special Needs " and "Methods of Family Involvement and Parent Training", which will be retitled "Family Focused Intervention" to reflect the content more accurately, emphasize implementing best practice in early intervention. "Professional Skills Development in EC:EEN" focuses on the leadership skills needed in early intervention. The course includes work on collaborating, communicating effectively, teaming, and providing inservice training for staff and families.

I. **Direct Service Provider for Birth to Three Population**

A. WORKING WITH INFANTS AND TODDLERS WITH SPECIAL NEEDS

1. Demonstrate knowledge of typical and atypical development of the young child
2. Utilize knowledge of typical and atypical child development in identifying strengths and needs of infants and toddlers (e.g., in evaluation, feedback to families, and development of the Individual Family Service Plan [IFSP])
3. Participate in the identification and screening process of infants and toddlers in rural and urban areas using appropriate instruments
4. Plan and implement developmental evaluation of infants and toddlers using appropriate instruments and methods of data collection
5. Write reports in a timely, concise, clear, and professional manner
6. Effectively participate in the multidisciplinary (e.g., medical, educational, and social, etc.) process of determining eligibility and needed services from initial intake to development with parents of goals for the IFSP
7. Develop individualized, transdisciplinary programming based on evaluation data, needs, input from assessment team, including parents, and IFSP goals
8. Effectively implement planned intervention and transition, when appropriate, in a variety of programs (e.g., medical, educational, or social service) and service delivery systems in rural and urban areas
9. Utilize computers and other appropriate technology to support the intervention process (e.g., record keeping, diagnostic feedback, decision making, etc.) and to access guidance and resources from others (e.g., adaptive equipment, life sustaining procedures, etc.)
10. Conduct ongoing evaluation of intervention programming from initial contact through transition

B. WORKING WITH FAMILIES

11. Demonstrate knowledge of current literature on family service models and changing family patterns
12. Demonstrate understanding of and respect for significant factors (e.g., family structure, socioeconomic status, cultural context, religion, and the impact of family members who have medical or other special needs, etc.) that affect family functioning
13. Utilize communication and other interpersonal skills needed to effectively work with families (e.g., family interviews, home visits, and group activities, etc.) in rural and urban areas
14. Plan and implement family assessments (i.e., identification with parent(s) of family needs, strengths, resources, and goals for the IFSP) using appropriate instruments and methods in recognition of ethical concerns
15. Develop, in partnership with parent(s), individual family participation plans based on mutually selected roles (e.g., case manager/service facilitator, advocate, and interventionist, etc.), and projects identified in the IFSP goals to enhance family empowerment
16. Effectively implement flexible family participation opportunities based on the mutually planned IFSP goals
17. Utilize available resources (e.g., parent/family meetings, newsletters, library materials, community services, etc.) to work with families and enhance family empowerment opportunities in rural and urban areas
18. Utilize computers and other technological resources to generate information for children and families and to provide instruction for family members and primary caregivers
19. Conduct, in partnership with parent(s), ongoing evaluation of family participation process from initial contact through transition

II. **Transdisciplinary Team Member and Facilitator in Early Intervention**

A. TRANSDISCIPLINARY TEAM MEMBER

20. Demonstrate an understanding of the roles and functions of the various professionals (e.g., occupational therapist, physical therapist, speech and language clinician, educator, social worker, physician, nurse, psychologist, etc.) involved in early intervention
21. Demonstrate an understanding of the primary teaming styles used in early intervention (e.g., multidisciplinary, interdisciplinary, and transdisciplinary) and identify the benefits and limitations associated with each
22. Evaluate and improve interpersonal skills needed for effective transdisciplinary teaming (e.g., active listening, assertive interactions, conflict resolution, and collaborative problem solving)
23. Effectively implement transdisciplinary teaming skills within the structure of service programs in rural and urban areas

B. CASE MANAGER/SERVICE FACILITATOR, ADVOCATE, AND CONSULTANT

24. Demonstrate knowledge of the responsibilities of the case manager/service facilitator, the child and/or family advocate, and the consultant
25. Effectively function in the role of a case manager/service facilitator (e.g., coordinating interagency services, facilitating transitions, and accessing new services, etc.) in rural and urban areas

Figure 1. Project TRAIN competencies.

26. Effectively function, as appropriate, in the role of child and/or family advocate or consultant
27. Effectively communicate and work with all persons related to the intervention process through verbal and written expression
28. Utilize computers and other technologies to access resources for advocacy and problem solving (e.g., SPECIAL NET and American Council on Rural Special Education [ACRES] bulletin boards, etc.)

III. Community Networker in Early Intervention

29. Demonstrate knowledge of community dynamics, governing structure, and impact communities can have on families who have children with special needs in rural and urban areas
30. Demonstrate knowledge of service delivery options and the differences involved in working with children who have special needs and with their families in rural versus urban communities
31. Demonstrate knowledge of best practices in special education service delivery in rural areas
32. Identify, evaluate, and effectively access resources (e.g., technological, agencies, organizations, and individuals) within rural and urban communities for funding, transportation, respite care, training, and other needs
33. Effectively participate, as possible, in organizational and community change (e.g., the Community Approach to Integrated Social Services [CAISS], etc.) that leads to improved services

IV. Facilitator of Personnel and Program Development in Early Intervention

A. TRAINING AND SUPERVISION RESPONSIBILITIES

34. Demonstrate knowledge of adult learning and best practices in inservice training (e.g., needs assessment, conflict resolution, group dynamics, transdisciplinary teaming, etc.)
35. Utilize a needs assessment to plan a training sequence that differentiates training goals in response to varying backgrounds, roles, levels of ability, and geographical location and includes a variety of techniques for adult learners
36. Conduct and evaluate a planned training sequence and modify it based on feedback from participants and supervisor
37. Demonstrate an understanding of the principles of supervision
38. Participate in the supervision and evaluation, as appropriate, of personnel involved in the early intervention program

B. ADMINISTRATIVE AND PROGRAM ADVOCACY RESPONSIBILITIES

39. Demonstrate knowledge regarding the efficacy of early intervention and the essential components of a functional and effective program
40. Demonstrate knowledge of different approaches to and uses of program evaluation
41. Identify and participate, as possible, in program administrative procedures (e.g., evaluation, hiring personnel, etc.)
42. Demonstrate knowledge of federal and state laws as well as the rules and regulations that pertain to services for infants and toddlers with special needs and their families
43. Identify and effectively access primary sources of federal, state, county, and private funds (e.g., P.L.89-313, P.L. 99-457, Title XIX [Medical Assistance], Social Security Income [SSI], Women, Infants and Children [WIC] program, insurance coverage, Family Support, and Katie Beckett, etc.) for implementing and improving early intervention services
44. Demonstrate an understanding of the components of an early intervention program budget and the strategies incorporated to access quality services
45. Utilize current research on early intervention to plan and implement public relations/program advocacy presentations and/or to develop proposals (e.g. conference presentations, research publications, etc.)
46. Review and write a response to a Request for Proposal (RFP) related to early intervention

V. Director of Own Professional Development

47. Demonstrate an understanding of the need for continuing personal and professional development and for building a local support system in respect to the differences in rural and urban areas
48. Identify and utilize existing resources (e.g., feedback from supervisor, fellow professionals and clients; professional organizations and projects; inservice and advanced training opportunities) to evaluate own strengths and needs
49. Design a professional development plan based on the assessment of strengths and needs, and engage in selected activities (e.g., state hearings, regional, state, and national meetings, professional organizations, inservice and interdisciplinary staff training, reading for professional growth, etc.) to meet goals for professional growth
50. Keep abreast of current issues, trends, techniques, and technology in the field of early intervention and incorporate the information and skills into own professional practice

Figure 1 continued. Project TRAIN competencies.

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Project TRAIN Graduate Training Coursework

Working with Infants/Toddlers with Special Needs and their Families (3 credits)

* Methods of Family Involvement and Parent Training (3 credits)

* Technological Skills for EC:EEN (1 credit)

* Professional Skills Development for EC:EEN (3 credits)

* Meeting Human Needs in Rural Areas (3 credits)

Survey of Research Literature in Severe Disabilities (3 credits)

* Implementing Intervention for Infants and Toddlers with Special Needs (3 credits)

Techniques for the Multiple Handicapped (3 credits)

Seminar: Life Span Issues in Special Education Curriculum (3 credits)

Techniques of Educational Research (3 credits)

Manual Communication or demonstrated proficiency (1 credit)

Two Graduate Practica with Seminars (6 credits)

* Indicates a new course developed for the grant.

Figure 2. Project TRAIN graduate training coursework.

The two courses developed to address the intricacies of rural service delivery were "Technological Skills in EC:EEN" and "Meeting Human Needs in Rural Areas". The content from the technological workshop will be integrated into the infant methods class described above. The latter course, which was designed by a specialist in rural social work in consultation with the project director, requires the students to network with rural service delivery agents. Additionally, case studies depicting families in rural areas, fieldwork in rural programs, and literature on rural service delivery are integrated throughout the courses. Families and direct service personnel from rural and urban areas also present in classes and/or assist in teaching the courses.

Each trainee participates in two six-week practica experiences to complete the specialization emphasis. One of these practicum will be in a rural early intervention program, preferably using home-based services; while the other is in a more urban setting which is typically center-based. This practice allows the trainee to have direct experience in both settings and to be aware of the resources and difficulties inherent in each. During their practica, the trainees also participate in a weekly seminar with their university supervisors. The topics, which are selected in consultation with the trainees, have included budgets, funding alternatives, rules and regulations, and public relations activities. The trainees are required to develop a proposal for a presentation at a professional conference.

In addition to the coursework and field-based experiences described above, the trainees take two graduate level seminars and a course on research techniques. They may choose in consultation with their advisor to satisfactorily write a comprehensive examination or complete a thesis to obtain a master's degree.

SIGNAL

The Supervisory Instrument of Gains and Needs to Assess Learners (SIGNAL) is a performance based instrument developed within the framework of the roles and competencies defined in Project TRAIN. It was designed to assess the professional skills and abilities of early intervention personnel

and to provide the basis for individual professional development plans. It is used at the preservice level by university trainees for self-assessment and by supervisory personnel both from the field site and the university for ongoing evaluation of the students' growth. At the inservice level it is used by early intervention (birth to three) program staff and supervisors for developing individualized programs of professional growth. The competencies included in SIGNAL are those primarily associated with practicum or on-the-job training.

Before each practicum, the trainees evaluate themselves on SIGNAL as a pre-assessment. Their strengths and primary areas for growth are jointly identified by each trainee with the project director. The university supervisor uses the pre-assessment information, in collaboration with the trainee and the cooperating field site personnel, to develop and prioritize individualized goals for professional growth. A plan for professional development is outlined that specifies the activities for accomplishing the goals. At the end of each practicum the same participants re-evaluate the trainee's professional growth and design a new plan for on-going development. To facilitate this process the rating scale is defined in terms of the individual's use of the skills defined in the competencies. The rating scale and an example of the format for rating one competency are included in Figure 3. Since the time frame for evaluation of professional growth is longer at the inservice level, a mid-year rating is also included. The same rating scale and format are used at both the preservice and inservice levels. SIGNAL has been well received by practitioners in birth to 3 programs, field-site supervisory personnel, and trainees. Practitioners specifically identify the helpfulness of delineating the roles and competencies needed for early interventionists. Additionally, they report that the structure of the rating scale is helpful in identifying goals for professional development while decreasing the negative side effects of evaluating staff.

Key to Rating Scale:

N	=	Need to Learn	Needs to learn the information or skill in the competency
B/E	=	Beginning/Emerging	Has an initial understanding of the information or skill in the competency
FA	=	Functionally Applies	Functionally applies the information or skill in the competency
C	=	Competent	Competently articulates the information and/or consistently demonstrates the skill independently
M	=	Mastery	Generalizes the information or skill and can train others (e.g., parents, paraprofessionals, and professionals) in the competency
NA/NO	=	Not Applicable/No Opportunity	

Project TRAIN Competencies

I. DIRECT SERVICE PROVIDER FOR BIRTH TO THREE POPULATION

	PRE		MID		POST	
A. Working with Infants and Toddlers with Special Needs Utilize knowledge of typical and atypical child development in identifying strengths and needs of infants and toddlers (e.g., in evaluation, feedback to families, and development of the Individual Family Service Plan [IFSP] (2)	B/E	Comments:	C	Comments:	M	Comments:

Figure 3. SIGNAL rating scale and rating format.

Conclusions

As expected in any process of change, there are limitations and benefits in the implementation of a new or expanded training emphasis. Additionally, there are problems specifically associated with early intervention and rural service delivery which also affected the implementation of Project TRAIN. Recruitment was a difficult task even though traditional (e.g., awarding student stipends, targeting rural area personnel), and creative (e.g., free workshops on current issues in early intervention) recruitment strategies were effectively used. Personnel working in birth to three programs typically receive much lower salaries than those employed in public schools or medical programs. This barrier limited enrollment for a number of interested professionals who felt they could not afford to take a cut in pay. Additionally, many potential trainees lived in rural and urban areas that were too distant for commuting to campus. Distance learning opportunities and off-campus programming will be explored in the future.

Another restriction has been the amount of time required of faculty, while maintaining their other responsibilities within the university, to administer the developing training program, advise trainees, and supervise trainees in a variety of rural and urban locations. Additionally, this campus has a small number of training programs in the various disciplines involved in early intervention. It would have been impossible to implement the goals and objectives of Project TRAIN and provide interdisciplinary training without the critical, albeit limited resources of this federal training grant, and the support and cooperation of concerned field site personnel.

The benefits of implementing Project TRAIN have outweighed the limitations. The expected outcomes are being realized. A field validated graduate training program has been developed and is in the process of being integrated into the university curriculum. The competencies and SIGNAL have been developed and are being used in two field site programs for staff development, in Project TRAIN, and with an adapted version in the undergraduate program. Additionally, these materials have been disseminated nationally through conference presentations, and extensively in the state. They have been shared with Part H personnel in task forces and used in a faculty institute on early intervention. Another benefit has been the strengthening of networks among university faculty, families, and birth to three service providers. These connections are being used to enhance the faculty's training efforts, to improve services to the birth to three population, and to facilitate communication between the personnel of direct service programs. Finally, professionals are being trained who will be better prepared to provide early intervention with families for infants and toddlers who have special needs, to deliver services within the confines of rural or urban areas, and to provide leadership in this rapidly growing field of human services.

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